

Capital Improvement Committee

Capital Facility and Capital Equipment Inventory*

#	Equipment or Facility	Year Built or Acquired	Latest Major Improvement	Condition (Fair, Good, Excellent)	Extent of Use (Light, Moderate Heavy)	Target Date of Fund Expenditure

*Items purchased for \$35,000 or more

Use multiple lines/pages for descriptions, if necessary.

Signature of preparer: _____ Date: _____

Capital Improvement Committee
Non-Equipment Capital Project Request*

Department & Activity: _____ **Date Prepared:** _____

Contact Person: _____ **Phone Number:** _____

Project Title: _____

Purpose of Project (check one): ☐ Add a new item to the program
 ☐ Modify a project already in the program

Ranking: _____ **Location:** _____

Description:

Justification and Useful Life:

Cost:	Budget Fiscal Year (FY)	Total (excluding interest)
	FY 1	_____
	FY 2	_____
	FY 3	_____
	FY 4	_____
	FY 5	_____
	FY 6	_____
	Total	_____
	After Sixth Year	_____

Recommended Sources of Financing:

Describe Effects (if any) on Operating Costs (personnel, utilities, materials & supplies, equipment purchases, other:

Signature of preparer: _____ **Date:** _____

***One form for each project**

Capital Improvement Committee Equipment Capital Project Request

Department & Activity: _____ Date Prepared: _____

Contact Person: _____ Phone Number: _____

Project Title: _____

Form of Acquisition (check one):

Purchase: _____ Lease/Purchase: _____ Number of Units: _____

Cost:	Per Unit	Total Units
Purchase Price	\$ _____	\$ _____
Installation or Other Costs	\$ _____	\$ _____
Sub Total	\$ _____	\$ _____
Less trade-in or Other Discount	\$ _____	\$ _____
Net purchase Cost	\$ _____	\$ _____

Purpose of Expenditure (check appropriate reasons)

- | | |
|---|--|
| <input type="checkbox"/> Scheduled replacement | <input type="checkbox"/> Present equipment obsolete |
| <input type="checkbox"/> Replace worn out equipment | <input type="checkbox"/> Reduce personnel time |
| <input type="checkbox"/> Expanded service | <input type="checkbox"/> New operation |
| <input type="checkbox"/> Increased safety | <input type="checkbox"/> Improve procedures, records, etc. |

Number of similar items in inventory: _____

Estimated use of requested Items:

Weeks Per Year: _____ Months Per Year, if Seasonal: _____

For Weeks Used, Estimate:

Average Number of Hours Per Day: _____ Average Number of Days Per Week: _____

#	Replaced Item	Make	Age	Prior Year Maintenance Cost	Prior Year Breakdowns
1.					
2.					
3.					
4.					
5.					

Recommended Disposition of Replaced Item: Use by Others _____ Trade in _____ Sale _____

Signature of preparer: _____ Date: _____

Capital Improvement Committee
Six Year Plan and Priority Assignment

Priority #	Equipment and Buildings FY2022 Cost	Equipment and Buildings FY2023 Cost	Equipment and Buildings FY2024 Cost	Equipment and Buildings FY2025 Cost	Equipment and Buildings FY2026 Cost	Equipment and Buildings FY2027 Cost
Total FY Cost						

Use multiple lines for descriptions if necessary

Signature of preparer: _____

Date: _____